

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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TOTAL IND.	/					
TOTAL DEP.	0	←	→			
TOTAL CLAIMS	/	/	0	0	0	0

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	→			
TOTAL CLAIMS	/	/	0	0	0	0